

**Behavioral Health Service Organization (BHSO)  
Provider Type 03  
REG 907 KAR 15:020**

**Information about the program:**

- Provider must contact KY OIG for survey/licensure.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E and voided check/banking information verification
- MAP-347 for each actively enrolled behavioral health professional working in facility (LPCC, Psychologist, LCSW, etc.)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted. NPI and Taxonomy Verification
- State BHSO license (current and reflecting requested enrollment date)
- NPI and Taxonomy Code Verification

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40601
- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602